



CANNON BUILDING
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**ACUPUNCTURE ADVISORY COUNCIL OF THE
BOARD OF MEDICAL LICENSURE AND DISCIPLINE**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF ACUPUNCTURE PRACTITIONER CONTINUING EDUCATION

Enter Name and Address of Contact to Whom Response Should Be Mailed:

INSTRUCTIONS

When to Submit

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) professional development activity (PDA) points required to maintain an Acupuncture Practitioner license in Delaware. Either Delaware licensees or program providers may submit a request. Requests may be submitted either before or after the program. However, if the program is not approved, the licensee or provider will be notified and no credit given.

Activities/programs listed in Section 9.4 of the Council's [Rules and Regulations](#) are acceptable *provided* the topics are relevant to improving skills or professional growth as explained in Section 9.3.1.2. If a formal CE course meets the criteria in Section 9.3.1.2 **and** an organization listed in 9.4.1.10.6.1 - 9.4.1.10.6.22 sponsors and/or has approved the course, **STOP. You do not need to submit this request.** The listed organizations' formal CE courses are automatically approved.

For all continuing education requirements, see Section 9.0 of the Council's [Rules and Regulations](#).

Documentation Required

Submit this form **no later than ten business days** before the Council's meeting to the address above.

- ☐ Complete and sign request form.
- ☐ ***If request is submitted by a course provider, enclose fee of \$35 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.***
- ☐ Enclose documentation of the course objectives and a detailed course schedule.
- ☐ Enclose resume or *curriculum vitae* (CV) for each presenter.

REQUESTER COMPLETES THIS SECTION

1. Requester (check one): ☐ Sponsor/Course Provider ☐ Delaware Licensee
2. If you are a Delaware Licensee requesting approval of a course, enter:
Your Name: _____ Delaware License #: **CQ** - _____
Phone: _____ Email: _____
3. If you are a Sponsor requesting approval of a course, enter:
Sponsored by: _____
Contact Person: _____ Email: _____
Address: _____
Street City State Zip code
Phone: _____ Fax: _____ Website URL: _____

REQUESTER COMPLETES THIS SECTION (continued)

4. **Total Contact Hours Requested (Excluding Breaks)** _____

5. Program Title: _____

6. Program Location: _____

7. Program Date(s): _____

Enclose documentation of the course objectives and a detailed course schedule that shows meals and break periods.

8. List Program Presenter(s):

Enclose resume or *curriculum vitae* (CV) for each presenter.

PRESENTER NAME	TITLE

9. Is proof of completion provided? (i.e., Certificate) Yes ☐ No ☐

Submit this application and all supporting documentation to the address above. If you have questions, email: customerservice.dpr@state.de.us

BOARD OFFICE COMPLETES THIS SECTION

Council Review Date: _____

☐ Approved for _____ hours. Approval Expires: _____

☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):
